U.S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 88-257 as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 25700		2 Fiscal Year Covered From:			
		1 / 1 / 2005 Through 12 / 31 / 2005			
3 Name and address of person filing.		4 Name file number and address of labor organization			
Name David	Roy	Name United Steelworkers Local 12075			
		Labor Organization File Number 035-853			
PO Box Bldg Room No if any		PO Box Building and Room Number of any			
Street 3510 James Savage Rd		Street 3510 James Savage Rd			
City Midland		City Midland			
State Michigan	ZIP Ccde + 4 48642	State Michigan ZiP Code + 4 48642			
5 Position in labor organization Outside Guard					

Enter appropriate data below if during the past fixed year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income				
Name The Dow Chemical Co	March 6 2005 Guiding Principles Dinner- \$45 00 July 19 2006				
Trade Name if any: Dow	National Kidney Foundation Outing Dinner- \$ 30 00 December 1 2005				
PO Box Bidg., Room No If any	Bownriver Praver Breakfast				
Street Michigan Operations	7.b Amount.				
City Midland	\$305				
State Michigan ZIP Code + 4 48674					

Signature

15. Signature and verification. The undersigned disclares under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief true correct, and complete (See the se	ung docu	ments) has been exa	mined by the signatory and is to the best of the
Signed Suid Aff	On	05/12/2005 Date	(989) 495-9350 Telephone Number

Name of Person Filling David Roy	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organitation represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with.			
Name	a Labor Organization			
Trade Name if any	b Trust			
PO Box Bidg., Room No if any				
Street				
City				
State ZIP Ccde + 4				
10 If 9 b or 9 c is checked give trust or employer's name	11.a Nature of such dealing			
Name				
Trade Name if any				
PO Box Bidg. Room No if any				
Street	11 b Approximate dollar value of such dealing			
City State ZIP Ccde + 4	12.a Nature of interest hold or income received			
State ZIP Ccde + 4				
	12.b Amount			
C Received from any employer (other than an employer covered unde	er parts A and B above)			
or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name				
Trade Name if any				
PO Box Bldg., Room No if any				
Street				
City				
State ZiP Co te + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.			